

RETIRED MINISTER'S INFORMATION FORM
for
The Christian Church (Disciples of Christ) in Kansas

Name: _____ Spouse's Name: _____
(First) (MI) (Last)

Date of Birth: _____ Date of Ordination: _____
(Month-Day-Year) (Month-Day-Year)

Home Phone: (_____) _____ Cell/Pager: (_____) _____

FAX: (_____) _____ E-mail: _____

Mailing Address: _____
(Address) (City) (Zip)

1. Of what Kansas congregation are you a member? _____

2. Do you intend to be actively engaged in ministry within the next twelve months?
 Yes No

If so, in what capacity? _____
(If you are actively engaged in ministry, remember to fill out an annual standing form)

I have reviewed and will adhere to the "Ministerial Code of Ethics." Yes No

I have attended a Kansas Boundaries Seminar: Yes No **OR**

I have attended a Boundaries Seminar sponsored by the region of _____
Date: _____

By signing below I certify the information provided above is accurate.

Signature: _____ Date: _____

Please Return this form January 29, 2010 to:

**Paxton Jones, Regional Minister
Christian Church in Kansas
2914 S.W. MacVicar Ave.
Topeka, KS 66611-1787**